

United States Patent & Trademark Office
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

04-19-10
Box M
RECEIVED
APR 26 2010
OFFICE OF PETITIONS

REGARDING PATENT NUMBER: 6049910

Payment Amount Due: \$1,245. Plus Other Fees Due \$1,640.00 / Total = \$2,885.00

Payment Year 7.5 (e.g., 3.5, 7.5, 11.5)

Dear Commissioner of Patents,

My name is Andre McCarter. I am the holder of patent # 6,049, 910. I writing the Office of Petitions to petition for a "Grace Period" /additional time and to acceptance of my "Unintentionally Delayed" payment of my maintenance and additional fees.

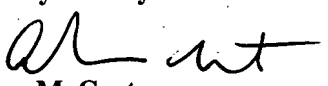
Mr. Cliff Congo, Petitions Attorney for the Office of Petitions advised me that a past due maintenance fee of \$1,245 and additional fees of \$1,640 would be necessary to get my patent reinstated. Both payments are due by April 18, 2010.

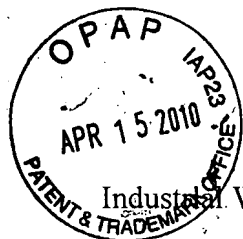
The reason I have been unable to keep this very important financial commitment is due to an "On the Job" related injury resulting in a physical disability. I was not able to work from June 15th, 2008 through to January 5th, 2009. During that time period I had two major surgeries, one on June 30th, 2008 and the second major surgery on September 5th, 2009. My income was dramatically decreased because of my inability to work. When I was finally given the approval from doctors to begin working again starting January 5th, 2009 it was in a limited capacity. As of February 2010 I have taken on a second job to cover my first job where I have been unable to regain my pre-injury work load and status.

Now that I have been able to increase my income I will be able to pay the current fees due if I am granted a reasonable timeframe to pay them beyond the current due date of April 18th, 2010.

Please consider my petition. If I need to provide any additional information or follow any process necessary to be granted extended time and permission to make my unintentional, (PTOSB66), payment of all fees currently due, please contact me.

Thank you for your time and consideration.


Andre McCarter
5333 Balboa blvd. # 127
Encino, CA 91316
818-984-6500



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KAISER PERMANENTE
20940 Burbank Blvd Woodland Hills, CA 91367 888-515-3500 Kaiser Permanente Industrial Work Status

Patient Name: Andre Mc Carter
Medical Record Number: 000007801867
Diagnosis: Osteoarthritis Of Hip [715.95ZA]

Date Of Visit: 6/19/08
Date of Injury/Illness: 1/1/2003

Andre Mc Carter was seen in this office

Modified Work From 6/19/2008 Through 8/3/2008:

If employer offers modified work as specified below, Andre Mc Carter can return to modified work.

Please note: if employer cannot accommodate these restrictions, Andre Mc Carter must be regarded as being unable to work for this period.

Patient has the following restrictions/limitations:

Occasionally = up to 25% of shift. Intermittently = up to 50% of shift. Frequently = up to 75% of shift.



Other capabilities or restrictions:

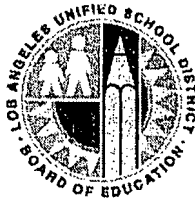
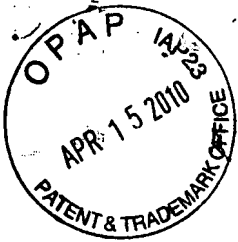
NO squatting or kneeling; NO prolonged standing; NO jogging, running or cutting; NO lifting, pushing, pulling or carrying more than 20 pounds. Must be able to sit, stand or walk at will.

Additional Comments:

Patient to follow up with insurance carrier.

Electronically signed by DARRYL DREW DE HAAS PA, PHYSICIAN ASSISTANT on 6/19/08

<http://kaiserpermanente.org>



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**NOTICE TO INJURED EMPLOYEE TO BE TREATED WITHIN
MEDICAL PROVIDER NETWORK (MPN)**

&

MEDICAL AUTHORIZATION FORM**To Employee:**

After the initial visit to the MPN provider listed below, you are entitled by law to be treated by a physician of your choice within the Sedgwick CMS' Medical Provider Network. This network can be accessed by following these instructions.

1. Enter www.concentra.com
2. Choose Provider Director tab along the bottom of the Concentra home page
3. On the Client ID screen enter Sedgwickkaisercampn

Your Site Administrator may assist you with access to this website or you may contact Sedgwick CMS at (866) 247-2287 for further assistance.

Injured Worker Andre Mc Carter Boys Basketball Head
Work Location Birmingham H.S. (Substitute Teacher) Coach

Date of Injury Fall, 2003 Date of Referral 6/9/08

Site Admin. Name (please print) Marsha Coates

Site Administrator Signature Marsha Coates

Site Administrators' Phone Number (818) 758-5203

To Clinic/Physician:

Claim # 3008-04433960001

This form when signed by an employer representative authorizes an initial visit by the employee named above to be evaluated and treated by the physician or clinic identified below within the Sedgwick CMS Medical Provider Network. Additional treatment, if necessary, may be provided by the physician or clinic named if selected by the injured worker, or the injured worker may be directed to another physician within the Sedgwick CMS Medical Provider Network. **Sedgwick CMS should be contacted at (866) 247-2287 for authorization of treatment after the first visit.** Providers are to provide evaluation and treatment under the guidelines of the Sedgwick CMS Medical Provider Network and Administrative Director as noted in Labor Code 4600, 4616, 4616.1-7.

MPN Provider Kaiser on The Job Phone # 818-719-3006

Address 5601 De Soto Ave. Woodland Hills, CA
91365